REQUEST FOR WITHDRAWAL

AS ATTORNEY OR AGENT

(including funds) to which the client is entitled.

Please provide an explanation, if necessary:

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PTO/SB/83 (11-08) Approved for use through 11/30/2011. OMB 0651-0035 10/661511

9/15/2003

George R. Bailey

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Art Unit

Application Number

First Named Inventor

AND CHANGE OF	Examiner Name	LUGO, DAVID B					
CORRESPONDENCE ADDRESS	Attorney Docket Number	069914-6400					
To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450							
Please withdraw me as attorney or agent for the above identified patent application, and							
all the practitioners of record;							
the practitioners (with registration numbers) of record listed on the attached paper(s); or							
with customer Number:22428							
The reason(s) for this request are those described in 37 CFR:							
10.40(b)1 10.40(b)(2)	10.40(b)(3)	10.40(b)(4)					
10.40(c)(1)i) 10.40(c)(1)(ii)	10.40(c)(1)(iii)	10.40(c)(1)(iv)					
10.40(c)(1)(v) 10.40(c)(1)(vi)	10.40(c)(2)	10.40(c)(3)					
10.40(c)(4) 10.40(c)(5)	10.40(c)(6) Please explain below:						
	Certifications						
Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.							
se approved.							
I/We have given reasonable notice to the practitioner(s) intend to withdraw from employment.	client, prior to the expiration of t	the response period, that the					

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| I/We have delivered to the client or a duly authorized representative of the client all papers and property

|X| I/We have notified the client of any responses that may be due and the time frame within which the client

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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A The address of the inventor or assignee associated with Customer Number:							
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	Assignee name	George Bailey	George Bailey				
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I am authorized to sign on behalf of myself and all withdrawing practitioners.							
Signature MMittheen							
Name	e Gilberto M. Villacorta Registration No. 34,038				34,038		
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